



LEAVE OF ABSENCE and WAIVER OF ACADEMIC REGULATIONS
Committee on Academic and Professional Progress (CAPP)
Faculty of Pharmacy

This form is **ONLY** to be used by students enrolled in the pharmacy curriculum to request a **LEAVE OF ABSENCE** or **WAIVER OF ACADEMIC REGULATIONS**.

Please read all of the following information prior to submitting this document. After doing so, print out this form and complete it as indicated. *Note that you must meet with your academic advisor and obtain his or her signature as indicated below prior to submitting this form to CAPP.* You may attach any supporting material or documentation that you feel is pertinent to the review of your case by CAPP.

CAPP meets regularly to review the progress of students enrolled in the pharmacy program. It is the responsibility of **CAPP** to enforce the academic regulations that have been adopted by the faculty. These regulations are outlined in the Pharmacy Curriculum Bulletin and can be obtained from the Office of Student Enrollment. This form is intended to provide you with an opportunity to either request a **LEAVE OF ABSENCE** from the pharmacy program or a **WAIVER OF AN ACADEMIC REGULATION**.

LEAVE OF ABSENCE: A leave of absence may be requested by a student when personal circumstances interfere with the student's ability to devote sufficient time to academic pursuits to assure reasonable expectations of success. If you are requesting a Leave of Absence, *you must have the form signed by your advisor and by the Chair of the Department of Pharmacy Practice or the Department of Pharmaceutical Sciences before submitting the form to the Chair of CAPP.* Requests for a Leave of Absence that are submitted in conformity with these directions will be reviewed by the Chair of CAPP and the student will be notified of approval or disapproval as soon as practicable. You should be aware of the following:

1. A **LEAVE OF ABSENCE** must be requested no later than the twelfth week of classes or in the case of classes that do not meet over a traditional semester, prior to the completion of 75% of the course OR in accordance with the instructor's policy as set forth in the class syllabus.
2. Time spent on a **LEAVE OF ABSENCE** will be included in the time limitation for completion of the program.
3. A leave of absence is normally granted for 1 year. Students may *not* take courses in the pharmacy curriculum while on a leave without requesting advance permission from CAPP. No credit will be awarded for classes taken in violation of this policy
4. In order to take a **LEAVE OF ABSENCE**, you must withdraw from *all* pharmacy curriculum classes.

WAIVER OF ACADEMIC REGULATIONS: Students who have been delayed in their progress or dismissed from the program due to a violation of academic regulations may request a Waiver of Academic Regulations in conformity with the directions set forth herein. Members of CAPP meet at least once each at the beginning of the Fall and Winter Semesters and as needed during the Spring and Summer Semesters. Based on the information provided, CAPP will consider your request and notify you of their decision. You should be aware of the following:

1. This form is **not** to be used for appealing your grade. Any dispute between you and your instructor over a grade should be resolved through the **GRADE APPEAL PROCEDURE** which is outlined in the Academic Regulations.
2. In cases of dismissal from the program, the decision of CAPP with respect to your request for a Waiver may be appealed to the Dean. This appeal must be initiated by notifying the Chair of CAPP that you would like to request a review of the decision by the Dean. In the case of waivers which do **not** involve dismissal from the program (eg. progression through the curriculum), the decision of CAPP is final.

With respect to completion of this form, please note:

- 1. You and your academic advisor must sign and date this form before it is submitted to the Chair of CAPP.**
2. Completed forms must be returned to Suite 2190, 259 Mack. Any deadline for receipt of this form imposed by CAPP must be met or your request will not be considered.

Student Name: _____ ID Number: _____

Address: _____ Phone: _____

_____ Email: _____

Date of Request: _____

Exception Requested: Leave of Absence [] Waiver of Academic Regulation []

Please state the reason for your request for a Leave of Absence or Waiver of Academic Regulation:

Please identify any steps which you have taken to enhance your chances of academic success in the future or to ensure that the circumstances which necessitate this request will not recur:

Student Signature & Date

Advisor Signature & Date

Department Chair
(Pharmacy Practice or Pharmaceutical Sciences) (Leave of Absence Request Only)

CAPP Chair

Leave of Absence: [] Approved [] Not Approved
Waiver of Academic Regulation: [] Approved [] Not Approved

Date of Action taken on this request